FILED

## 2003 FOR PROFIT CORPORATION

Apr 16, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P96000042066 DOCUMENT # 1. Entity Name 04-16-2003 90211 025 \*\*\*158.75 TRI-STAR FREIGHT FORWARDING CORP. Principal Place of Business Mailing Address 8774 SW 8 ST. 8774 SW 8 ST. MIAMI FL 33174 MIAMI FL 33174 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0671802 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent . 6. Name and Address of Current Registered Agent RODRIQUEZ, JOYCE Street Address (P.O. Box Number is Not Acceptable) 8774 SW 8 ST. . **MIAMI FL 33174** Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. ~YYY1'F\$~ SIGNATURE Signature, typed analyticated name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be 4 After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Change ☐ Addition ☐ Delete TITLE RODRIGUEZ, JOYCE C NAME NAME STREET ADDRESS 8774 SW 8 ST. STREET ADDRESS MIAMI FL 33174 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ■ Addition TITLE BERLANGA, OSCAR NAME NAME STREET ADDRESS STREET ADDRESS 8774 SW 8 ST. CITY-ST-ZIP **MIAMI FL 33174** CITY-ST-ZIP Delete -TITLE ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITL F Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE. ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the elemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that varies officer or director of the corporation or the receiver or trustee empowered to execute this report as equired by chapter 607. Fixed primary manner manner my name appears in Florida primary manner m of the corporation or the receiver or trustee empowered to execute this report as changed, or on an attachment with appendixes with an other like empowered

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR